

Exhibit 11F

REDACTED

Form	1040-SR U.S. Tax Return for Seniors		Department of the Treasury-Internal Revenue Service (99)	2020	OMB No. 1545-0074	IRS Use Only-Do not write or staple in this space.
Filing Status	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately (MFS) <input type="checkbox"/> Head of household (HOH) <input type="checkbox"/> Qualifying widow(er) (QW)					
Check only one box.	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ►					
Your first name and middle initial	Last name			Your social security number		
Michael A	Wolf			██████████ 1455		
If joint return, spouse's first name and middle initial	Last name			Spouse's social security number		
Home address (number and street). If you have a P.O. box, see instructions. ██████████				Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.	
City, town or post office. If you have a foreign address, also complete spaces below. Sarasota				State FL	ZIP code 34236	Checking a box below will not change your tax or refund <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county		Foreign postal code		
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Standard Deduction	Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien					
Age/Blindness	You: <input checked="" type="checkbox"/> Were born before January 2, 1956 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1956 <input type="checkbox"/> Is blind					
Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see instructions): Child tax credit Credit for other dependents	
If more than four dependents, see instructions and check here ► <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
Attach Schedule B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	2a	b Taxable interest	1	
	2a	Tax-exempt interest	3a	b Ordinary dividends	2b	
	3a	Qualified dividends	4a	b Taxable amount	3b	
	4a	IRA distributions	5a	b Taxable amount	4b	
	5a	Pensions and annuities	6a	b Taxable amount	5b	
	6a	Social security benefits	28,759		6b	21
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>			7	
	8	Other income from Schedule 1, line 9			8	11,661
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ►			9	11,682
	10	Adjustments to income:	10a	1,000		
	a	From Schedule 1, line 22				
	b	Charitable contributions if you take the standard deduction. See instructions	10b			
	c	Add lines 10a and 10b. These are your total adjustments to income ►			10c	1,000
	11	Subtract line 10c from line 9. This is your adjusted gross income ►			11	10,682

Standard Deduction	12 Standard deduction or itemized deductions (from Schedule A)	12	14,050
See Standard Deduction Chart on the last page of this form.	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
	14 Add lines 12 and 13	14	14,050
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0
	16 Tax (see instructions). Check if any from:		
	1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	16	0
	17 Amount from Schedule 2, line 3	17	
	18 Add lines 16 and 17	18	0
	19 Child tax credit or credit for other dependents	19	
	20 Amount from Schedule 3, line 7	20	
	21 Add lines 19 and 20	21	0
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22	0
	23 Other taxes, including self-employment tax, from Schedule 2, line 10	23	1,647
	24 Add lines 22 and 23. This is your total tax ►	24	1,647
	25 Federal income tax withheld from:		
	a Form(s) W-2	25a	
	b Form(s) 1099	25b	
	c Other forms (see instructions)	25c	
	d Add lines 25a through 25c	25d	
• If you have a qualifying child, attach Sch. EIC. • If you have nontaxable combat pay, see instructions.	26 2020 estimated tax payments and amount applied from 2019 return	26	
	27 Earned income credit (EIC) ^{NO}	27	
	28 Additional child tax credit. Attach Schedule 8812	28	
	29 American opportunity credit from Form 8863, line 8	29	
	30 Recovery rebate credit. See instructions	30	0
	31 Amount from Schedule 3, line 13	31	
	32 Add lines 27 through 31. These are your total other payments and refundable credits ►	32	0
	33 Add lines 25d, 26, and 32. These are your total payments ►	33	0

Go to www.irs.gov/Form1040SR for instructions and the latest information.

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Form 1040-SR (2020)

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ► <input type="checkbox"/>	35a	
Direct deposit? See instructions.	► b	Routing number <input type="text"/> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	► d	Account number <input type="text"/>		
	36	Amount of line 34 you want applied to your 2021 estimated tax ► 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe now ► 37		1,647
For details on how to pay, see instructions.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
	38	Estimated tax penalty (see instructions) ► 38		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ► <input type="checkbox"/> Yes. Complete below.			<input checked="" type="checkbox"/> No
	Designee's name ►	Phone no. ►	Personal identification number (PIN) ►	<input type="text"/>
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation Publisher	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	Phone no. 847-309-5394	Email address		
Paid Preparer Use Only	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Preparer's name	Phone no.		
	Firm's name ►			
	Firm's address ►	Firm's EIN ►		

Go to www.irs.gov/Form1040SR for instructions and the latest information.

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Form 1040-SR (2020)

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

► Attach to Form 1040, 1040-SR, or 1040-NR.
 ► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

Michael A Wolf**1455****Part I Additional Income**

1 Taxable refunds, credits, or offsets of state and local income taxes	1
2a Alimony received	2a
b Date of original divorce or separation agreement (see instructions) ... ► _____	
3 Business income or (loss). Attach Schedule C	3 11,661
4 Other gains or (losses). Attach Form 4797	4
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5
6 Farm income or (loss). Attach Schedule F	6
7 Unemployment compensation	7
8 Other income. List type and amount .. ► _____	8
9 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8	9 11,661

Part II Adjustments to Income

10 Educator expenses	10
11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11
12 Health savings account deduction. Attach Form 8889	12
13 Moving expenses for members of the Armed Forces. Attach Form 3903	13
14 Deductible part of self-employment tax. Attach Schedule SE	14 824
15 Self-employed SEP, SIMPLE, and qualified plans	15
16 Self-employed health insurance deduction	16 176
17 Penalty on early withdrawal of savings	17
18a Alimony paid	18a
b Recipient's SSN	
c Date of original divorce or separation agreement (see instructions) ... ► _____	
19 IRA deduction	19
20 Student loan interest deduction	20
21 Tuition and fees deduction. Attach Form 8917	21
22 Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22 1,000

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2020

**SCHEDULE 2
(Form 1040)**Department of the Treasury
Internal Revenue Service**Additional Taxes**

OMB No. 1545-0074

2020Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

Michael A Wolf

1455

Part I Tax

1 Alternative minimum tax. Attach Form 6251	1	
2 Excess advance premium tax credit repayment. Attach Form 8962	2	
3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE	4	1,647
5 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 .	5	
6 Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a Household employment taxes. Attach Schedule H	7a	
b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	8	
9 Section 965 net tax liability installment from Form 965-A	9	
10 Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	1,647

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2020

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SCHEDULE C
(Form 1040)
Profit or Loss From Business

OMB No. 1545-0074

2020Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)

Name of proprietor

Michael A Wolf

A Principal business or profession, including product or service (see instructions)

Newsletter

C Business name. If no separate business name, leave blank.

Michael Wolf DBA MMQB

E Business address (including suite or room no.) ► [REDACTED]

City, town or post office, state, and ZIP code **Sarasota, FL 34236**F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses Yes NoH If you started or acquired this business during 2020, check here ► I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes NoJ If "Yes," did you or will you file required Form(s) 1099? Yes No**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	► <input type="checkbox"/>	1	17,813
2 Returns and allowances		2	251
3 Subtract line 2 from line 1		3	17,562
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3.		5	17,562
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6	►	7	17,562

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	18 Office expense (see instructions)	18
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see instructions):	
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment .	20a
12 Depletion	12	b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15	23 Taxes and licenses	23
16 Interest (see instructions):		24 Travel and meals:	
a Mortgage (paid to banks, etc.)	16a	a Travel	24a
b Other	16b	b Deductible meals (see instructions)	24b
17 Legal and professional services	17	25 Utilities	25
	25	26 Wages (less employment credits)	26
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	►	27a Other expenses (from line 48)	27a
29 Tentative profit or (loss). Subtract line 28 from line 7		b Reserved for future use	27b
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.		28	4,401
31 Net profit or (loss). Subtract line 30 from line 29.		29	13,161

Simplified method filers only: Enter the total square footage of (a) your home: 1,100	and (b) the part of your home used for business: 300 . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	1,500
31 Net profit or (loss). Subtract line 30 from line 29.		31	11,661
• If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 .		32a	<input type="checkbox"/> All investment is at risk.
• If a loss, you must go to line 32.		32b	<input type="checkbox"/> Some investment is not at risk.
32 If you have a loss, check the box that describes your investment in this activity. See instructions.			
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 .			
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020

Schedule C (Form 1040) 2020

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Name(s)

SSN

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Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation				<input type="checkbox"/> Yes	<input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.				35	
36	Purchases less cost of items withdrawn for personal use				36	
37	Cost of labor. Do not include any amounts paid to yourself				37	
38	Materials and supplies				38	
39	Other costs				39	
40	Add lines 35 through 39				40	
41	Inventory at end of year				41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.				42	

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) ► _____

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part V **Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

**SCHEDULE SE
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Self-Employment Tax**

OMB No. 1545-0074

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
 ► Attach to Form 1040, 1040-SR, or 1040-NR.

2020
Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person
with self-employment income ► **1455****Michael A Wolf****Part I Self-Employment Tax**

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ►

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b ()
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.	
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2 11,661
3 Combine lines 1a, 1b, and 2	3 11,661
4 a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a 10,769
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue ►	4c 10,769
5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	
6 Add lines 4c and 5b	5b
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020	6 10,769
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11	7 137,700
b Unreported tips subject to social security tax from Form 4137, line 10	8a
c Wages subject to social security tax from Form 8919, line 10	8b
d Add lines 8a, 8b, and 8c	8c
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ►	8d
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124).	9 137,700
11 Multiply line 6 by 2.9% (0.029)	10 1,335
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	11 312
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 14	12 1,647
	13 824

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$8,460, or (b) your net farm profits² were less than \$6,107.

14 Maximum income for optional methods

15 Enter the **smaller** of: two-thirds (2/3) of gross farm income¹ (not less than zero) **or** \$5,640. Also, include this amount on line 4b above

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income⁴, and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14

17 Enter the **smaller** of: two-thirds (2 /3) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Part III Maximum Deferral of Self-Employment Tax Payments

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	20	
21	Combine lines 19 and 20	21	
If line 5b is zero, skip line 22 and enter -0- on line 23.			
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	22	
23	Multiply line 22 by 92.35% (0.9235)	23	
24	Add lines 21 and 23	24	
25	Enter the smaller of line 9 or line 24	25	
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)	26	

